
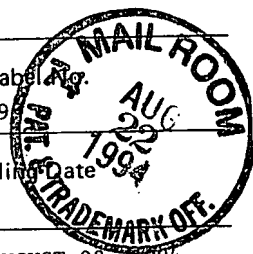


Please date stamp and return to addressee.

APPLICANT: DEAN L. ENGELHARDT ET AL.		<input checked="" type="checkbox"/> Express Mail Label No. EF971126539
TITLE: PHOSPHATE MOIETY-LABELED NUCLEOTIDES		<input type="checkbox"/> First Class Mailing Date
ENCLOSED ARE:		DATE MAILED: AUGUST 22, 1994
<input type="checkbox"/> Application	<input type="checkbox"/> Response to OA	
<input type="checkbox"/> Declaration	<input type="checkbox"/> Amendment	
<input type="checkbox"/> Drawings	<input type="checkbox"/> Issue Fee	
<input type="checkbox"/> Assignment	<input checked="" type="checkbox"/> Other (see below)	
<input checked="" type="checkbox"/> INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. 891.56 & 1.97-1.98 (INCLUDING <input type="checkbox"/> 102 EXHIBITS)		Serial No. 08/046,004
<input type="checkbox"/>		Docket No. ENZ-5(D6)(C)

Please date stamp and return to addressee.

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<input type="checkbox"/>		Docket No. ENZ-5(D6)(C)



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

ENR-5 (D6)(1)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

COMMISSIONER OF
PATENTS & TRADEMARKS
WASHINGTON, D.C.
20231

4a. Article Number

EF971126539

4b. Service Type

☐ Registered

☐ Insured

☐ Certified

☐ COD

☒ Express Mail

☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

POST OFFICE TO ADDRESSEE EXPRESS MAIL

EF971126539US

ORIGIN (POSTAL USE ONLY)

INTERNATIONAL SHIPMENTS ONLY		P.O. ZIP		Day of Delivery		Flat Rate Envelope	
<input type="checkbox"/> Business Papers		100000		<input type="checkbox"/> Next <input type="checkbox"/> Second		<input type="checkbox"/> Postage	
<input type="checkbox"/> Merchandise		Date in		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM		Return Receipt	
Customs forms and commercial invoices may be required. See Pub 275 and International Mail Manual		Time in		<input type="checkbox"/> AM <input type="checkbox"/> PM		C.O.D.	
Weight		16.50		Int'l Alpha Country Code		Total Postage & Fees	
No Delivery		<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Acceptance		\$ 45.00	
				Clerk Initials			

SEE REVERSE SIDE FOR THE SERVICE GUARANTEE AND LIMITS ON THE INSURANCE COVERAGE

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No. _____

Federal Agency Acct. No. or Postal Service Acct. No. _____

TO: (PLEASE PRINT) _____ PHONE _____

FROM: (PLEASE PRINT) PHONE 212-855-0876

RONALD C. PEDUS, ESQ.
ENZO BIOCHEM, INC.
575 FIFTH AVENUE (19TH FLOOR)
NEW YORK, NEW YORK 10017

EN2-3 (D6) (C)



COMMISSIONER OF PATENTS
AND TRADEMARKS
WASHINGTON, D.C. 20231

LABEL 11-B 11/93

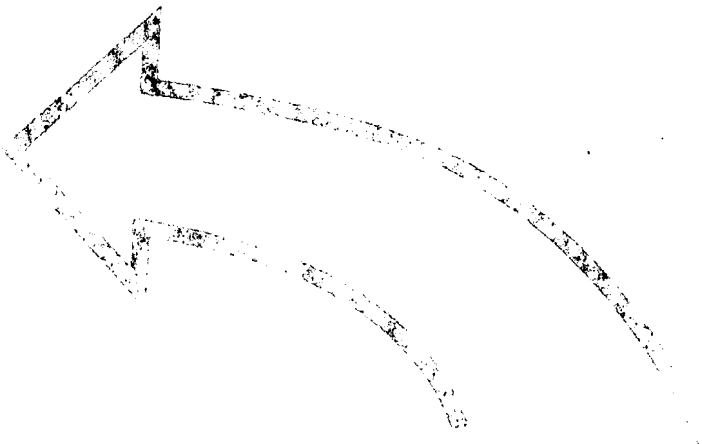
For Pickup or Tracking Call 1-800-222-1811



CUSTOMER COPY

EF971126539US

RESISTANCE
TO EXPOSE
THE



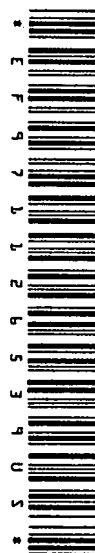
POST OFFICE TO ADDRESSEE



EF971126539US

GENERAL POSTAL (USE ONLY)				DELIVERY (POSTAL USE ONLY)		
INTERNATIONAL SHIPMENTS ONLY <input type="checkbox"/> Business Papers <input type="checkbox"/> Merchandise <small>Customs forms and commercial invoice may be required. See Pub 273 and International Mail Manual.</small>	P.O. ZIP	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/> Flat Rate Envelope	Delivery Attempt	Time	Employee Signature
	Date in Mo. Day Yr.	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	Time in <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt	Delivery Attempt	Time	Employee Signature
	Weight lbs oz	Int'l Alpha Country Code	C.O.D.	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	Date of Delivery	Time	Employee Signature
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. Federal Agency Acct. No. or Postal Service Acct. No.			<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): I wish delivery to be made without obtaining the signature of the addressee or the addressee's agent (if in the judgement of the delivery employee, the article can be left in a secure location) and I authorize the delivery employee to sign that the shipment was delivered and understand that the signature of the delivery employee will constitute valid proof of delivery. NO DELIVERY <input type="checkbox"/> WEEKEND <input type="checkbox"/> HOLIDAY			
FROM: (PLEASE PRINT) PHONE 212-856-0876 RONALD C. FEDUS, ESQ. ENZO BIOCHEM, INC. 575 FIFTH AVENUE (18TH FLOOR) NEW YORK, NEW YORK 10017 ENZ-5 (D6) (C)			TO: (PLEASE PRINT) PHONE _____ COMMISSIONER OF PATENTS AND TRADEMARKS WASHINGTON, D.C. 20231			
PLEASE STAMP HERE			YOU ARE THE CUSTOMER			

MAILING COPY



LABEL 11-B 11/93

For Pickup or Tracking Call 1-800-222-1811